

Indiana

Opioid Addiction Treatment Program Report

2005

Indiana Family and Social Services Administration

Division of Mental Health and Addiction

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For more DMHA information, see DMHA’s Web Site at: <http://www.in.gov/fssa/mental>

Executive Summary

The 1998-2005 Indiana Opioid Treatment Program Reports are developed to comply with the provision of P.L. 28-2004, Section 191, as amended by HEA 1023 (2006), that requires that each year, the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) prepares a report for the Governor and the Legislative Council providing information on treatment offered by Indiana opioid treatment programs¹ (OTPs) covering nine areas:

- I. The number of methadone providers in the State²**
- II. The number of patients on methadone during the previous year**
- III. The length of time each patient received methadone and the average length of time all patients received methadone**
- IV. The cost of each patient's methadone treatment and the average cost of methadone treatment**
- V. The rehabilitation rate of patients who have become addicted to methadone**
- VI. The number of patients who have become addicted to methadone**
- VII. The number of patients who have been rehabilitated and are no longer on methadone**
- VIII. The number of individuals, by geographic area, who are on a waiting list to receive methadone**
- IX. Patient information as reported to a central registry created by the division**

As reflected in the Table of Contents, the nine headings have been modified to indicate that the OTPs provide opioid addiction treatment utilizing opiate agonist medications including but not limited to methadone. Following is a brief description of information contained in the nine sections of this report and highlights of observations.

- I. Number of Indiana opioid treatment providers as of December 31, 2005.** In Calendar Year (CY) 2005, 12 Opioid Addiction Treatment Programs (OTPs) certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) were providing services in Indiana. Of these, two OTPs were operated by not-for-profit community mental health centers, and the other ten were operated by private, for-profit companies. Because addiction treatment services programs operated by the federal government are exempt from State certification requirements, the Veterans Administration (VA) program located in Indianapolis is not under DMHA jurisdiction, and no information from this program is included in this report.
- II. Number of patients receiving opiate agonist medication to treat opiate addiction.** All Indiana OTP patients were treated with opiate agonist medications,³ the large majority of patients in both 2004 and 2005 treated with methadone, and a small number (21) were treated with buprenorphine. Beginning in CY 2003, production of LAAM (levo-alpha-acetylmethadol hydrochloride), an opioid agonist which had been used to treat opiate addiction, was discontinued after federal Food and Drug Administration (FDA) warnings⁴ of possible potential for cardiac electrical conduction disturbances from LAAM. On May 22, 2003, buprenorphine, another opioid agonist medication, was approved by SAMHSA to treat opiate addiction, and it is being utilized in some Indiana OTPs. In this report, there is no distinction made in the data between patients treated with methadone and those treated with buprenorphine. In CY 2004, a total of 9,303 patients were treated⁵ in the 12 Indiana OTPs, and in CY 2005, a total of 9,882 patients were treated in these OTPs, a 6.22% increase. The increase is less than in 2004, when a seven percent increase was seen over 2003, and 2005 is the third year in a row that the percentage of increase in total patients treated has been in single digits following double-digit increases between 1998 and 2002. Between 1998⁶ and 2005, the total number of patients treated per year increased by 167%, or 6,178 patients. Indiana OTP patients continue to be predominantly male (60.47%) and white (93.26%), patterns which have been consistent over the eight years this report has been developed. Since 1998, while the number of Indiana patients has increased, the percentage of Indiana OTP patients being served in Indiana OTPs has decreased from 62.50% of total OTP patients (2,315 patients) to 52.02% (5,141 patients). The age distribution of Indiana OTP patients has not been included in reports to-date.

¹ For this report, the term Opioid Addiction Treatment Program, or OTP, is used since the programs are qualified to utilize both methadone and buprenorphine in the treatment opiate addiction.

² Since the law uses the term "methadone" provider, this report is utilizing this term in certain contexts. Since May 22, 2003, all certified opioid addiction treatment programs are qualified to use both methadone and buprenorphine in the treatment of opiate addiction.

³ Approved opiate agonist medications include both methadone and buprenorphine.

⁴ Fall, 2001

⁵ Total number treated = total enrollments during the calendar year; patients may have been in treatment anywhere between one and 365 days.

⁶ The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

- III. Length of time and the average length of time all patients received opiate agonist medication.** In a trend that is considered supportive of patient recovery, Indiana OTP patients are staying in treatment for longer periods of time while their rehabilitation rates are improving, with aggregate percentage patient improvement seen on all nine indicators between 2004 and 2005 (see 2004 report). Between 1998 and 2005, the percentage of patients leaving treatment before the lapse of 90 days decreased from 24.41% to 14.46%, and the percentage of patients leaving treatment before the one-year mark decreased from 32.29% to 23.15%. On the other hand, the percentage of patients who remained in treatment between one and two years increased from 15.55% to 20.20 %; the percentage of patients remaining in treatment between two and three years increased from 11.15% to 14.33%; and the percentage of patients remaining in treatment over three years also increased on the three remaining longer time-periods used. Between 2004 and 2005, the percentage of patients in treatment less than 90 days decreased from 15.6% to 14.5%, and the number of patients in treatment between 90 days and one year decreased from 25% to 23.2%. Using the measure of continuously in treatment, although the number of patients continuously in treatment from their admission through the end of CY 2005 decreased 3.47% between 2004 and 2005, the percentage of patients continuously in treatment over the eight years reporting has been done has remained fairly constant, between 65.5% and 71.6% of total patients treated in each calendar year. The median length of treatment also continues between one and two years, continuing the trend that began in 1998, when almost one-quarter (24.41%) of patients were in treatment 90 days or less and almost one-third (32.29%) were in treatment between 90 days and one year. And finally, regarding patient transfers between Indiana OTPs during the calendar year, the percentage of patients in this category rose slightly between 2004 and 2005, from 2.76% to 3.10%, although in both 2005 and 2004, the percentages transferring between OTPs were the smallest since 1998, and the percentage of transfers has remained consistently low since 1998, never greater than 4.74%.
- IV. Cost of opiate agonist treatment in Indiana.** OTP patient fees include not only medication, but counseling and support services, including regular drug screens, as well. In CY 2005, the standing fees for liquid methadone remained at an average of approximately \$40 per week at the two public not-for-profit programs and for all but one OTP⁷, ranged between \$60 and \$84 per week at the privately operated programs. The fee for the diskette form of methadone, which is not available at all the Indiana OTPs, was reported at \$91 per week. The fee for buprenorphine, also not available at all the OTPs, was reported to be \$129.50 per week. Based on the average fees identified above, the following are 2005 estimated gross out-of-pocket-expenses-per-patient-per-year for a full 12 months of treatment: (a) For liquid methadone: \$2,912; (b) For diskette methadone, \$4,732; and (c) For buprenorphine, \$6,734. Based on the actual reported total number of patients and the actual reported gross revenue of all the OTPs, the statewide average annual out-of-pocket expense per patient in 2005 was \$2,525.52.
- V. Rehabilitation rate of patients receiving opiate agonist treatment.** For the 1998 report, nine (9) rehabilitation indicators for patients receiving opioid addiction treatment were established, and to maintain consistency in reported information from year to year, these indicators have been used for all subsequent reports, including this report. The nine indicators were considered to apply or not to apply based on the patient's or the clinic staff's identification of the indicator as an issue to address at admission and/or during his/her treatment experience, frequently during the most recent treatment planning session.

Recognizing that rehabilitation/recovery from opioid addiction is an on-going process involving change over time, four levels of rehabilitation have been assigned to each indicator to form a spectrum for each indicator ranging from no reduction or improvement to significant reduction or improvement. The indicators are as follows:

1. Reduction in use of prescription opiates
2. Reduction in illegal use of non-prescription opiates
3. Reduction in illegal use of drugs other than opiates
4. Reduction of criminal behavior
5. Reduction of risky behavior related to spread of infectious disease
6. Reduction in abuse of alcohol
7. Improvement in schooling or training
8. Improvement in employment
9. Improvement in family relationships

⁷ Fees at Holliday Health Care, which serves a very small number of patients, are slightly above this range.

In 2005, over 96.5% of Indiana OTP patients were identified as needing to improve family relationships, while only 38.4% of patients were identified as needing to reduce alcohol abuse. Additionally, the data indicate that of 2005 OTP patients:

- 92.4% needed to reduce illegal use of non-prescription drugs;
- 91.3% needed to reduce illegal use of non-opiate drugs;
- 85.1% needed to improve their employment situation;
- 76.7% needed to reduce criminal behavior;
- 70.7% needed to reduce risky behaviors related to the spread of infectious disease;
- 68.3% needed to improve their educational or training status; and
- 60.6% needed to reduce use of prescription opiates.

Of the 2005 patients identified as needing to either reduce some behavior or to improve their status in a particular area, the greatest percentage of significant improvement was seen in the reduction of illegal use of non-prescription opiates, at 58.2%, followed by 51.7% who significantly reduced use of prescription opiates. Significant improvement or reduction was seen in from 7.8% to 44.7% of patients on all the other rehabilitation indicators. Moderate improvement was seen for 26.1% of patients who needed to reduce risky behavior related to infectious disease, moderate improvement was seen in family relationships for 34.1% of patients to which this issue applied, and moderate improvement was seen in all the other indicators for from 12.6% to 24.1% of the patients to which the indicator applied on all the other indicators. The following percentages of 2005 patients to which the indicator applied showed either reduction or improvement across the three levels of little to significant reduction or improvement:

- 87.6% reduced use of prescription opiates;
- 88.4% reduced illegal use of non-prescription opiates;
- 82.2% reduced illegal use of non-opiate drugs;
- 83.4% reduced criminal behavior;
- 85.5% reduced risky behaviors related to the spread of infectious disease;
- 82.5% reduced alcohol abuse;
- 36.9% improved their educational or training status;
- 65% improved their employment situation; and
- 83% improved family relationships.

VI. Number of patients addicted to methadone. Methadone is a prescribed medication used in the treatment of heroin and other opiate addiction under the direction of a physician by opioid addiction treatment programs (OTPs) accredited by an approved accrediting body and certified by both the State and the federal government. Patients in opioid treatment programs are not considered to be addicted to their medication when the medication is at the therapeutically optimal dose, and although many patients are able to become medication-free following a comprehensive treatment program, others remain on medication for extended periods, sometimes for a lifetime, to assure continued rehabilitation and recovery. At the same time, it is true that methadone, like many analgesic drugs, is a medication to which patients develop tolerance and which as a consequence requires supervised withdrawal. Concerning addiction to methadone, it is possible that a patient would present for treatment at an OTP addicted to methadone from a non-medical source, and patients are tested for metabolites of methadone when they are admitted to OTPs to assess if this is the case. Testing patients for the presence of methadone metabolites upon admission is essential for the OTP to be assured that the patient is not enrolled in another OTP, which would be illegal. Based on patient admission information supplied by Indiana OTPs, in 2005, no patient tested positive for this type of illegal use of methadone, and no patients were considered addicted to methadone.

VII. Number of opioid addiction treatment patients who have been rehabilitated and are no longer on opiate agonist medication. Utilizing two aggregated categories of OTP patients, one of Patients Who Are Rehabilitated and No Longer on Methadone or Buprenorphine and one of Patients Who are No Longer on Methadone or Buprenorphine, between 1998 and 2005, the percentage of patients who were no longer on opiate agonist medication increased from 5.49% to 6.43%, with the percentage of patients no longer on medication fluctuating over the eight years reporting has been done between the high of 6.43% in 2005 and a low of 4.11% in 2002. The percentage of patients who are rehabilitated and are no longer on opioid agonist medication increased from 2.87% of total patients treated in 1998 to four percent in 2005. When drawing conclusions about the number of patients who are rehabilitated and/or who are no longer on opiate agonist medication, however, a number of other factors should be taken into account, including the length of time a patient spent in treatment discussed in Section III., the rates of rehabilitation discussed in Section V, and the patient drop-out and retention rates discussed in this section. It should also be noted that data contained in this report do not distinguish between patients who are more challenging and those who are less challenging in terms of severity of addiction and co-

occurring disorders, both of which affect indicated length of treatment and whether or not it is advisable to discontinue opiate agonist medication.

VIII. Number of individuals on a waiting list to receive opiate agonist medication and treatment. At the end of 2005 and throughout the eight years reporting has been done, none of the 12 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2005, Indiana OTPs were able to adjust staff and facility needs if increased patient demand occurred. Between 2004 and 2005, a 6.22% increase in total patient enrollments was seen, and this increase was accommodated. Establishing OTPs as need and demand arise is seen to benefit clients and public health, lowering rates of opioid addiction, communicable disease and crime associated with illicit opiate use while making the service more accessible to patients who might otherwise have to travel longer distances to obtain their medication.

IX. Patient Information as Reported to a Central Registry. For some time, DMHA has been working to develop and oversee a central registry which will contain de-identified opioid addiction patient information to use in program reporting and aggregate data analysis. For the 1998 report, DMHA established a unique identifier format from an existing database found suitable for establishing the basis of a central registry, accomplishing three objectives: 1) Preserving patient anonymity; 2) Providing a format compatible with currently existing data collection by the two public OTPs and other DMHA-funded providers; and 3) Allowing DMHA to readily identify if a patient is enrolled in more than one OTP. DMHA continues to develop the central registry, and in 2005, DMHA actively pursued possible options and funding for an up-grade to allow online, "real-time" electronic entry by OTPs to provide more immediate access to enrollment information and to serve as the basis for streamlining the annual reporting procedure. Changes in assignments of non-DMHA staff involved in the project, however, delayed completion of the groundwork necessary to develop a computer program required to put the online registry in place by the end of 2005.

I. Number of Indiana Opioid Treatment Providers as of December 31, 2005

In CY 2005, there were 12 Opioid Treatment Programs (OTPs) certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) operating in Indiana.

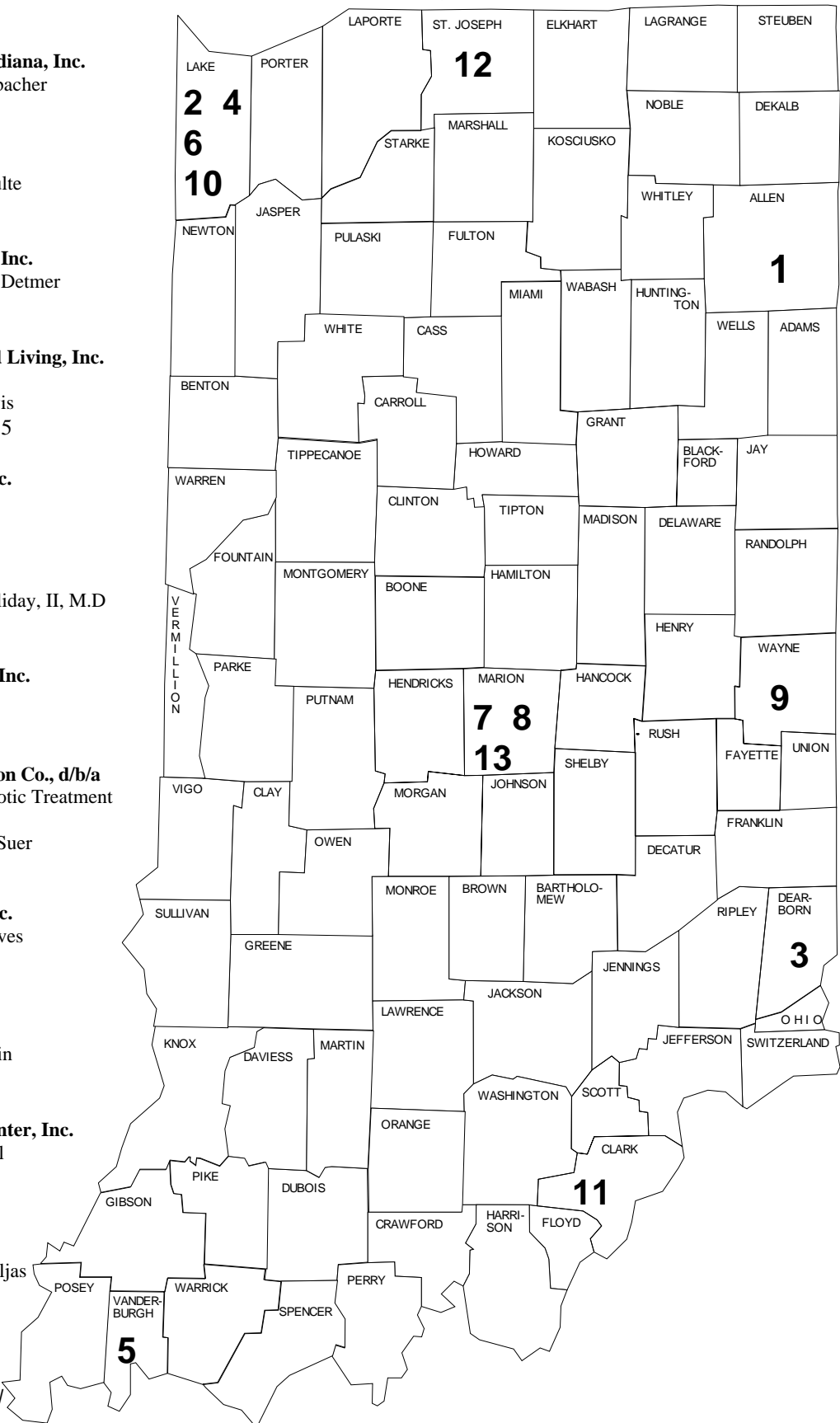
Two of the 12 are public, not-for-profit programs: New Life Center operated by Edgewater Systems For Balanced Living, Inc., Gary, and Midtown Narcotic Treatment Program, operated by the Health and Hospital Corporation of Marion County, Indiana, doing business as (dba) Midtown Community Mental Health Center, Indianapolis.

The other ten OTPs are operated by private, for-profit companies, five under CRC Health Group of Cupertino, California: East Indiana Treatment Center, Inc., Lawrenceburg; Evansville Treatment Center, Inc., Evansville; Indianapolis Treatment Center, Inc., Indianapolis; Richmond Treatment Center, Inc., Richmond; and Southern Indiana Treatment Center, Inc., Jeffersonville. The other five OTPs are the Center for Behavioral Health Indiana, Inc., Fort Wayne; Discovery House, Inc., Gary; Metro Treatment of Gary, dba Semoran Treatment Center, Gary; Victory Clinical II Services LLC, dba Victory Clinic, South Bend; and Holliday Health Care, Gary.

The Richard L. Roudebush Medical Center, a federal Veterans Administration (VA) facility in Indianapolis, does not come under the oversight of DMHA, and no information from this program is included in this report. The map on the next page indicates the locations of Indiana opioid addiction treatment programs in 2005.

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
Indiana Opioid Treatment Programs**

1. **Center for Behavioral Health Indiana, Inc.**
Program Director: Ms. Terri Steinbacher
Phone: 260-420-6010
2. **Discovery House, Inc.**
Program Director: Ms. Robin Schulte
Phone: 219-985-8144
3. **East Indiana Treatment Center, Inc.**
Program Director: Ms. Mary Ann Detmer
Phone: 812-537-1668
4. **Edgewater Systems for Balanced Living, Inc.**
(New Life Treatment Center)
Program Director: Ms. Myrtle Davis
Phone: 219-885-4264, Ext. 4215
5. **Evansville Treatment Center, Inc.**
Program Director: Mr. Phil Love
Phone: 812-424-0223
6. **Holliday Health Care, P.C.**
Program Director: Alfonso D. Holliday, II, M.D
Phone: 219-938-2222
7. **Indianapolis Treatment Center, Inc.**
Program Director: Mr. Jim Ward
Phone: 317-475-9066
8. **Health & Hospital Corp. of Marion Co., d/b/a
Midtown CMHC (Midtown Narcotic Treatment
Program)**
Program Director: Mr. Kinzua LeSuer
Phone: 317-287-3734
9. **Richmond Treatment Center, Inc.**
Program Director: Mr. David Reeves
Phone: 765-962-8843
9. **Metro Treatment of Gary, LP,**
d/b/a Semoran Center
Program Director: Mr. Greg Hardin
Phone: 219-938-4651
11. **Southern Indiana Treatment Center, Inc.**
Program Director: Ms. Vickie Friel
Phone: 812-283-4844, X 220
12. **Victory Clinical Services II, LLC.**
d/b/a Victory Clinic II
Program Director: Mr. Andres Guljas
Phone: 574-233-1524
13. **Richard L. Roudebush* Medical
Center***
Program Director: Ms. Cheryl Petty
Phone: 317-554-0044



* This program does not come under DMHA oversight.

Revised 8/9/2006

II. Number of Patients Receiving Opiate Agonist Medication to Treat Opiate Addiction

In both 2004 and 2005, all Indiana opioid treatment program (OTP) patients were treated with opiate agonist medications,⁸ the large majority of patients treated with methadone, and a small number treated with buprenorphine (21). Beginning in CY 2003, production of LAAM (levo-alpha-acetylmethadol hydrochloride), an opioid agonist which had been used to treat opiate addiction, was discontinued after federal Food and Drug Administration (FDA) warnings⁹ of possible potential for cardiac electrical conduction disturbances from LAAM. On May 22, 2003, buprenorphine, another opoid agonist medication, was approved by SAMHSA to treat opiate addiction and it was being utilized in some Indiana OTPs in 2005. In this report, there is no distinction made between patients treated with methadone and patients treated with buprenorphine.

In CY 2004, a total of 9,303 patients were treated¹⁰ in the 12 Indiana OTPs, and in CY 2005, a total of 9,882 patients were treated, a 6.22% increase in enrollments. The increase between 2004 and 2005 is less than between 2003 and 2004, when a 7.03% increase was seen. Between 1998¹¹ and 2005, the total number of patients treated per year increased by 167%, or 6,178 patients, but 2005 is the third year in a row that the percentage of increase in total patients treated has been in single digits following double-digit increases between 1998 and 2002. Indiana OTP patients continue to be predominantly male (60.47%) and white (93.26%), patterns which have been consistent over the eight years this report has been done. Since 1998, while the number of Indiana patients has increased, the percentage of Indiana OTP patients being served in Indiana OTPs has decreased from 62.50% of total OTP patients (2,315 patients) to 52.02% (5,141 patients). The age distribution of Indiana OTP patients has not been included in reports to-date.

Table 1
Indiana OTP Number Patients Treated and Length of Time in Treatment, 1998-2005

Calendar Year	Total # Patients	Increase of patients compared to previous year		Patients Continuously in Treatment		Patients Who Transferred between treatment centers		Patients in treatment 90 days or less		Patients in treatment between 90 days and 1 year	
		#	%	#	%	#	%	#	%	#	%
1998	3,704	Baseline	Baseline	2,427	65.52	185	4.95	904	24.4	1,196	32.3
1999	4,529	825	22.3	3,000	66.24	187	4.13	1,007	22.2	1,495	33.0
2000	5,482	953	21.0	3,710	67.68	260	4.74	1,147	20.9	1,698	31.0
2001	6,809	1,327	24.2	4,694	68.94	217	3.19	1,415	20.8	2,021	29.7
2002	8,144	1,335	19.6	5,351	65.70	292	3.59	1,568	19.3	2,426	29.8
2003	8,692	548	6.73	5,876	67.60	278	3.20	1,530	17.6	2,337	26.9
2004	9,303	611	7.03	6,668	71.57	257	2.76	1,450	15.6	2,327	25.0
2005	9,882	579	6.22	6,730	68.10	307	3.10	1,429	14.5	2,288	23.2

⁸ Approved opiate agonist medications include both methadone and buprenorphine.

⁹ Fall, 2001.

¹⁰ Total number treated = total enrollments during the calendar year; patients may have been in treatment a brief time or all 365 days.

¹¹ The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

Table 1 above shows that of the total number of patients treated in 2005, 6,730 (68.10%) were in treatment continuously from their enrollment through the end of the calendar year, an increase of just under three-and-one-half percent over 2004. An additional 307 patients (3.10%) transferred from one Indiana OTP to another in 2005 (an increase of .34% over 2004), and it can be assumed that these patients also continued their treatment. Combining these two categories results in an estimate that 71.20% of patients treated in Indiana OTPs were continuously in treatment from their date of enrollment through the end of CY 2005.

Table 1 also shows that in 2005, there was an increase in OTP enrollments of 579 patients over 2004, or 6.22%, the smallest rate of growth since the baseline was established in the 1998 report. From the baseline year, 1998, patient enrollments have grown by 167%, from a total of 3,704 in 1998 to 9,882 in 2005.

Table 2
Total Patients Treated by Indiana OTP, 2005

Opioid Treatment Program (OTP)		# of Patients	% of Total
1.	Center for Behavioral Health Indiana, Inc., Fort Wayne	505	5.11%
2.	Discovery House, Inc., Gary	262	2.65%
3.	East Indiana Treatment Center, Inc., Lawrenceburg	2,941	29.76%
4.	Edgewater Systems For Balanced Living, Inc., Gary **	351	3.55%
5.	Evansville Treatment Center, Inc., Evansville	724	7.33%
6.	H & H C of Marion Co., Indiana, d/b/a Midtown CMHC, Indianapolis**	359	3.63%
7.	Holliday Health Care, P.C., Gary	2	0.02%
8.	Indianapolis Treatment Center, Inc., Indianapolis	1,415	14.32%
9.	Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center, Gary	475	4.81%
10.	Richmond Treatment Center, Inc., Richmond	762	7.71%
11.	Southern Indiana Treatment Center, Inc., Jeffersonville	1,943	19.66%
12.	Victory Clinical Services II, L.L.C. d/b/a Victory Clinic, South Bend	143	1.45%
Totals		9,882	100.00%

** Publicly funded OTPs

Table 2 above shows that in 2005, the two public clinics, Edgewater and Midtown, enrolled 351 and 359 patients, respectively, for a combined total of 710 patients, or 7.18% of total Indiana OTP patients enrolled. In 2004, the two public OTPs served a total of 34 more patients than in 2005 and represented just under eight percent of total patients enrolled that year. These two OTPs receive DMHA funding, which allows them to subsidize treatment for low-income individuals. Additionally, these clinics are part of community mental health centers, providing ready access to coordinated mental health care if needed. The ten privately owned OTPs enrolled 92.82% of total Indiana patients in 2005, or 9,172 patients, compared to 8,559 patients, or 92% of total patients in 2004, and between 2002 and 2005, the percentage of Indiana OTP patients enrolled in privately owned OTPs increased from 81.85% to the present 92.82%.

Between 1998 and 2004, the percentage of Indiana OTP patients enrolled in the five CRC-owned OTPs steadily increased from 67.6% to 84.27% (7,213 patients), experiencing its first decrease in percentage of total patients enrolled this year, at 78.78%, or 7,785 patients.

Table 3 below shows the gender distribution of Indiana OTP patients. As can be seen, the percentages of enrolled males to females has not changed appreciably since the first of these reports was done in 1998, with the male/female ratio slowly shifting from 63.04% males and 36.96% females in 1998 to 60.47% males and 39.53% females in 2005. It can be said that between 1998 and 2005, however, there has been a steady increase in women being treated at Indiana OTPs, for a total increase in women patients of slightly above 2.5% over the eight years.

Table 3
Total Indiana OTP Patients Treated by Gender

Calendar Year	Males		Females	
	Total number and % of total	Increase over previous year	Total number and % of total	Increase over previous year
2005	5,976	296	3,906	283
2005	60.47	5.21%	39.53	7.81%
2004	5,680	362	3,623	249
2004	61.06%	6.81%	38.94	7.38%
2003	5,318	320	3,374	228
2003	61.18%	6.41%	38.82%	7.25%
2002	4,998	795	3,146	540
2002	61.37%	18.92%	38.63%	20.72%
2001	4,203	819	2,606	508
2001	61.72%	24.20%	38.28%	24.21%
2000	3,384	521	2,098	432
2000	61.73%	18.20%	38.27%	25.93%
1999	2,863	528	1,666	297
1999	63.21%	22.61%	36.78%	21.69
1998	2,335	Base	1,369	Base
1998	63.04%	Base	36.96%	Base

Table 4 below shows the distribution of Indiana OTP patients by State of residence, 1998-2005, and Table 4A shows the 2005 distribution by Indiana OTP. In CY 2005, 52.02% of patients called Indiana their home, and 47.98% reported out-of-State residences, an increase in percentage of out-of-State OTP patients of 2.52%, or 790 patients, over 2004. Since 1998, there has been a steady increase in the number and percentage of patients being treated from out-of-State, especially from Kentucky (27.38% in 2005) and Ohio (19.30% in 2005), but the increase appears to have leveled off in the last two years.

Table 4
Total Indiana OTP Patients Treated by Home State in Percentages and Numbers, 1998-2005

CY	#/ %	IN	KY	OH	MI	IL	WV	FL	TN	Other
2005	#	5,141	2,706	1,907	50	67	2	2	0	4
	%	52.02	27.38	19.3	0.51	0.68	0.02	0.02	0	.04
2004	#	4,773	2,540	1,883	49	49	2	3	3	1
	%	51.31	27.30	20.24	0.53	0.53	0.02	0.03	0.03	0.01
2003	#	4,741	2,158	1,709	49	30	2	0	0	3
	%	54.54	24.83	19.66	0.56	0.35	0.02	0.0	0.0	0.03
2002	#	4,447	1,942	1,672	51	22	6	0	0	4
	%	54.60	23.85	20.53	0.63	0.27	0.07	0.0	0.0	0.05
2001	#	3,757	1,643	1,322	48	27	10	0	0	2
	%	55.18	24.13	19.42	0.70	0.39	0.15	0.0	0.0	0.03
2000	#	3,136	1,315	953	37	27	10	0	0	4
	%	57.21	23.99	17.31	0.67	0.49	0.18	0.0	0.0	0.08
1999	#	2,759	1,021	677	30	27	12	0	0	3
	%	60.9	22.5	14.9	0.7	0.6	0.3	0.0	0.0	0.1
1998	#	2,315	774	549	25	26	12	0	0	2
	%	62.5	20.9	14.8	0.7	0.7	0.3	0.0	0.0	0.1

Table 4A on the following two pages shows that in 2005, while Indiana patients represented 52.02% of all patients treated in Indiana OTPs, and 47.98% came from other States, two States, Kentucky and Ohio, figured prominently in providing Indiana OTPs with patients. In 2005, Kentucky was identified as home for 27.38% (2,706) of Indiana OTP patients, and Ohio was home to 19.3% (1,907). Since 1998, OTP patients from these two States have consistently come to Indiana in the largest numbers, and the percentages grew, from 20.90% patients from Kentucky in 1998 (774) and 14.8% (549) patients from Ohio in 1998 to the 2005 percentages. Only two public sector OTP patients were from out-of-State, both from Illinois and provided services at Edgewater Systems for Balanced Living in Gary.

Table 4A
Total Indiana OTP Patients Treated by State of Residence and OTP, 2005

OTP													Number of Patients
	AL	FL	IL	IN	KY	LA	MI	OH	OR/PA	WV	Out-of-State	IN	
C B H I, Inc.	0	0	0	0	0	0	1	67	0	0	68		
				437								437	505
Discovery House, Inc.	0	0	7	0	0	1	0	0	0	0	8		
				254								254	262
E I T C, Inc.	0	1	0	0	1097	0	0	1630	2	0	2730		
				211								211	2941
Edgewater Systems for Balanced Living Inc.	0	0	2	0	0	0	0	0	0	0	2		
				349								349	351
E T C, Inc.	0	1	47	0	326	0	0	0	0	0	374		
				350								350	724
Health & Hosp. Corp. of Marion Co., Indiana	0	0	0	0	0	0	0	0	0	0	0		
				359								359	359
Holliday Health Care, PC	0	0	0	0	0	0	0	0	0	0	0		
				2								2	2
I T C, Inc.	1	0	6	0	3	2	1	3	0	0	16		
				1399								1399	1415
Metro Treatment of Gary, LP	0	0	5	0	0	0	1	0	0	0	6		
				469								469	475

Table 4A (Continued)
Total Indiana OTP Patients Treated by State of Residence and OTP, 2005

OTP												Number of Patients	
	AL	FL	IL	IN	KY	LA	MI	OH	OR/PA	WV	Out-of-State	IN	
Richmond Treatment Center, Inc.	0	0	0	0	0	0	0	205	0	0	205		
				557								557	762
Southern Indiana Treatment Center, Inc.	0	0	0	0	1280	0	0	2	1	2	1285		
				658								658	1943
Victory Clinical Services II, LLC	0	0	0	0	0	0	47	0	0	0	47		
				96								96	143
Totals	1	2	67	5141	2706	3	50	1907	3	2	4741	5141	9882
% of Total Patients	0.01	0.02	0.68	52.02	27.38	0.03	0.51	19.3	0.03	0.02	47.98		100
% of Out of State Patients	0.02	0.04	1.41	N/A	57.08	0.06	1.05	40.22	0.06	0.04	100		

Table 5 below shows the racial/ethnic distribution of Indiana OTP patients. Since the 1998 report, Indiana OTPs have consistently served a majority of white patients, and the ratio of white patients to other racial/ethnic group-affiliated patients has risen from 80.26% white patients in 1998 to 93.26% in 2005, a 13% increase. At the same time, the ratio of African-American patients to other racial/ethnic group-affiliated patients has shown a decrease from 17.58% of total Indiana OTP patients in 1998 to 5.44% in 2005. Since we have no data on expected prevalence of opioid addiction in various racial/ethnic groups, it is not possible to draw firm conclusions about this trend, but it can be said that the ratio of African-American OTP patients is below what would be expected if this group were represented at the same ratio it appears in the Indiana population. Other racial/ethnic groups have also been represented by small percentages and numbers throughout the eight years reporting has been done. Patients with a Hispanic/Latino heritage, an ethnic group which has seen a significant increase in the Indiana population during the past several years, have shown a steady decrease from 1.72% in 1999¹² to .94% in 2005. Other racial/ethnic groups, including American Indian, Asian/Pacific Islanders, Alaskan Natives and those identified as Multi-Racial, as well as a category termed "Other," have together represented less than two percent of total Indian OTP patients over the eight-year reporting period.

Table 5
Total Indiana OTP Patients Treated by Race/Ethnicity

Calendar Year	White	Black African/American	Hispanic / Latino	Other	American Indian	Multi-racial	Asian / Pacific Islander	Alaskan Native	Total
2005	9,216	538	93	10	17	2	5	1	9,882
2005	93.26%	5.44%	0.94%	0.10%	0.17%	0.2%	0.05%	0.01%	100%
2004	8,683	497	79	8	15	15	5	1	9,303
2004	93.34%	5.34%	0.85%	0.09%	0.16%	0.16%	0.05%	0.01%	100%
2003	8,018	545	78	14	15	15	7	0	8,692
2003	92.25%	6.27%	0.90%	0.16%	0.17%	0.17%	0.08%	0.0%	100%
2002	7,344	669	84	14	17	12	2	2	8,144
2002	90.18%	8.21%	1.03%	0.17%	0.21%	0.15%	0.025%	0.025%	100%
2001	6,026	657	82	12	14	13	2	3	6,809
2001	88.50%	9.65%	1.20%	0.18%	0.21%	0.19%	0.03%	0.04%	100%
2000	4,708	665	82	9	8	6	3	1	5,482
2000	85.88%	12.13%	1.50%	0.16%	0.15%	0.11%	0.05%	0.02%	100%
1999	3,776	658	77	9	5	2	1	1	4,529
1999	83.32%	14.58%	1.72%	0.20%	0.11%	0.04%	0.02%	0.02%	100%
1998	2,973	651	N/A	57	6	13	4	0	3,704
1998	80.26%	17.58%	N/A	1.54%	.16%	.35%	.11%	0.0%	100%

¹² No data on the Hispanic/Latino population was collected in 1998.

III. Length of Time and the Average Length of Time All Patients Received Opiate Agonist Medication

During calendar year 2005, as in previous years, seven length-of-times in treatment categories were used: Less than 90 days (<90); 90 days to one year (90-1y); one year to two years (1-2y); two to three years (2-3y); three to six years (3-6y); six to ten years (6-10y); and over ten years (>10y). The greater number of categories established for the first three years reflects challenges that patients and programs face in maintaining patient motivation to continue the work entailed in recovery.

Data from CY 2005 continues to support the premise that patients benefit from a minimum of two years in treatment, during which time they can be stabilized on a clinically appropriate dose of medication and receive counseling and other supportive services as they establish and work on a program of recovery. Indiana OTP patients are staying in treatment for longer periods of time while their rehabilitation rates are improving, with improvements seen on all nine indicators between 2004 and 2005 (see Section V., below).

Table 6
Indiana Patient Length-of-Treatment by OTP and Statewide Summary, 1998-2005

OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Total #
Center for Behavioral Health Indiana, Inc	90	114	114	71	86	28	2	505
Discovery House, Inc	47	59	36	65	49	5	1	262
East Indiana Treatment Center, Inc	403	672	662	464	524	191	25	2941
Edgewater Systems For Balanced Living, Inc.**	63	96	69	25	36	32	30	351
Evansville Treatment Center, Inc.	129	207	134	85	96	46	27	724
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	52	70	85	8	68	36	40	359
Holliday Health Care, P.C.	0	0	1	0	0	0	1	2
Indianapolis Treatment Center, Inc	194	296	238	211	280	144	52	1415
Metro Treatment of Gary, LP d/b/a Semoran Treatment Center	101	137	81	73	73	9	1	475
Richmond Treatment Center Inc.	125	156	108	124	204	45	0	762
Southern Indiana Treatment Center, Inc.	212	451	437	277	366	134	66	1,943
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	13	30	31	13	24	32	0	143

** Publicly funded OTPs

Table 6 (Continued)
Indiana Patient Length-of-Treatment by OTP and Statewide Summary, 1998-2005

Statewide Total Patients and Percentage Per Category	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Total #
2005 Statewide total patients per category	1,429	2,288	1,996	1,416	1,806	702	245	9,882
2005 Statewide total percentage per category	14.46	23.15	20.20	14.33	18.28	7.10	2.48	100%
2004 Statewide total patients per category	1,446	2,326	2,031	1,160	1,556	604	180	9,303
2004 Statewide total percentage per category	15.54	25.00	21.83	12.47	16.73	6.49	1.93	100.0
2003 Statewide total patients per category	1528	2335	1810	1137	1245	524	114	8692
2003 Statewide total percentage per category	17.58	26.86	20.82	13.08	14.32	6.03	1.31	100%
2002 Statewide total patients per category	1568	2426	1692	864	1058	467	69	8144
2002 Statewide total percentage per category	19.25	29.79	20.78	10.61	12.99	5.73	0.85	100%
2001 Statewide total patients per category	1,415	2,021	1,326	733	902	350	62	6,809
2001 Statewide total percentages per category	20.78	29.68	19.47	10.77	13.25	5.14	0.91	100%
2000 Statewide total patients per category	1,147	1,699	1,074	584	717	214	47	5,482
2000 Statewide total percentages per category	20.9	31.0	19.6	10.7	13.1	3.9	0.90	100%
1999 Statewide total patients per category	1,007	1,495	815	388	625	159	40	4,529
1999 Statewide total percentages per category	22.2	33.0	18.0	8.6	13.8	3.5	0.9	100%
1998 Statewide total patients per category	904	1,196	576	413	482	108	25	3,704
1998 Statewide total percentages per category	24.41	32.29	15.55	11.15	13.00	2.90	0.07	100%

Between 1998 and 2005, the percentage of patients leaving treatment before the lapse of 90 days decreased from 24.41% to 14.46%, and patients leaving treatment before the one-year mark decreased from 32.29% to 23.15%. On the other hand, the percentage of patients who remained in treatment between one and two years increased from 15.55% to 20.20 %; the percentage of patients remaining in treatment from two to three years increased from 11.15% to 14.33%; and the percentage of patients remaining in treatment over three years also increased on the three remaining time-periods used. Using the measure of continuously in treatment (Table 9), although the number of patients continuously in treatment from their admission through the end of CY 2005 decreased 3.47% between 2004 and 2005, the percentage of patients continuously in treatment over the eight years reporting has been done has remained fairly constant, between 65.5% and 71.6% of total patients treated in the calendar year. And finally, regarding patient transfers between Indiana OTPs during the calendar year, the percentage of patients in this category rose slightly between 2004 and 2005, from 2.76% to 3.11%, although in both 2005 and 2004, the percentages transferring between clinics were the smallest since 1998, and the percentage of transfers has remained consistently low since 1998, never greater than 4.74%.

Table 6 on the previous two pages shows that patients continue to stay in treatment a longer period of time in a trend that has continued since the first report in 1998. In 2005, 14.46% of patients were in treatment less than 90 days, compared with 24.41% in 1998 and 15.54% in 2004. Similarly, in 2005, 23.15% of Indiana OTP patients were in treatment between 90 days and one year, compared with 32.29% in 1998 and 25% in 2004. Beginning in 2003, following five years when over half the patients were in treatment between 90 days and one year (56.70 % in 1998 and 49.04% in 2002), the opposite trend is seen. The percentage of patients in treatment less than two years has also continued to drop, from 69.82% in 2002 to its lowest point in 2005, 57.81%. A slight decrease was also seen this year in the percentage of patients in treatment between one and two years (from 21.83% in 2004 to 20.20% in 2005), and increases were seen between .55% to 1.86% in patients in treatment in the four other longer-term categories.

Table 6 also shows that in 2005, Victory Clinic in South Bend, which serves the smallest number of Indiana OTP patients, also served the fewest number of patients in treatment for 90 days or less, 13, or 9.09% of total 2005 patients, and Victory Clinic's patient length-of-time in treatment percentages are well distributed across all the categories. Also in terms of real numbers, East Indiana Treatment Center in Lawrenceburg had the greatest number of patients in treatment 90 days or less, at 403, and the five CRC OTPs showed a combined total of patients in treatment 90 days or less of 1,063, or 11% of total 2005 patients. Although total patients enrolled has continued to increase over the eight years of reporting, the increases have lessened, to a 6.22% increase in total enrollments in 2005 over 2004. A continuation can also be seen in the trend of lessening enrollments if measured by patients in treatment 90 days or less, which has dropped from a high of 24.41% in 1998 to 14.46% in 2005. The median length of treatment also continues between one and two years, continuing the trend that began in 1998, when almost one-quarter (24.41%) of patients were in treatment 90 days or less and almost one-third (32.29%) were in treatment between 90 days and one year.

Table 7 on the following page compares Indiana OTPs on patient length-of-treatment in percentages in 2005. As mentioned earlier, patient outcomes are improved with longer treatment stays, and Table 7 also indicates that patients are staying in treatment for longer periods of time. Factors influencing patients remaining in treatment the shorter periods of time, periods less than two years, include not only dropping out of treatment, which is discussed later in this report, but also rates of enrollment. All treatment programs continued to show a large percentage of patients in treatment less than two years, although this percentage has dropped from a high of 73.2% in 1999 to 65.3% in 2003, 62.3% in 2004 and 57.81% in 2005.

Among interesting findings in Table 7 is that 11.14% of patients of one of the public OTPs, Midtown Narcotic Treatment Program in Indianapolis, have been in opioid addiction treatment for ten years and longer, and Holliday Health Care, which served only two patients in 2005, had one patient who had been treatment between one and two years and the other who had been in treatment for longer than ten years. The other ten OTPs show an unremarkable distribution across patient length-of-time in treatment, with the most (97 patients, or 21.26%) in treatment 90 days or less at the newest OTP, Semoran Center in Gary, which was established March 30, 1999. As mentioned earlier, Victory Clinic in South Bend had relatively the fewest new patients, 13 in 2005, or 9.09% of patients in treatment for 90 days or less. Also as shown in Table 7, East Indiana Treatment Center in Lawrenceburg had the greatest number of patients in treatment 90 days or less in 2005, at 403 (28.20%), and the five CRC clinics showed a combined total of patients in treatment 90 days or less of 1,063, or 74.38% of total patients in treatment 90 days or less.

Table 7
Indiana Patient Length-of-Treatment in Percentages by OTP and Statewide Summary, 1998-2005

OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y
Center for Behavioral Health Indiana, Inc.	17.82%	22.57%	22.57%	14.06%	17.03%	5.54%	0.40%
Discovery House, Inc.	17.94%	22.52%	13.74%	24.81%	18.70%	1.91%	0.38%
East Indiana Treatment Center, Inc.	13.70%	22.85%	22.51%	15.78%	17.82%	6.49%	0.85%
Edgewater Systems For Balanced Living, Inc. **	17.95%	27.35%	19.66%	7.12%	10.26%	9.12%	8.55%
Evansville Treatment Center, Inc.	17.82%	28.59%	18.51%	11.74%	13.26%	6.35%	3.73%
H & H C of Marion Co., Ind., d/b/a Midtown CMHC **	14.48%	19.50%	23.68%	2.23%	18.94%	10.03%	11.14%
Holliday Health Care, P.C. (Two patients)	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	50.00%
Indianapolis Treatment Center, Inc.	13.71%	20.92%	16.82%	14.91%	19.79%	10.18%	3.67%
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	21.26%	28.84%	17.05%	15.37%	15.37%	1.89%	0.21%
Richmond Treatment Center, Inc.	16.40%	20.47%	14.17%	16.27%	26.77%	5.91%	0.00%
Southern Indiana Treatment Center, Inc	10.91%	23.21%	22.49%	14.26%	18.84%	6.90%	3.40%
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	9.09%	20.98%	21.68%	9.09%	16.78%	22.38%	0.00%
Statewide total percentages 2005	14.46%	23.15%	20.20%	14.33%	18.28%	7.10%	2.48%
Statewide % 2004	15.5%	25.0%	21.8%	12.5%	16.7%	6.49%	1.93%
Statewide % 2003	17.6	26.9	20.8	13.1	14.3	6.0	1.3
Statewide % for 2002	19.3	29.8	20.8	10.6	13.0	5.7	0.8
Statewide % for 2001	20.8	29.7	19.5	10.8	13.2	5.2	0.9
Statewide % for 2000	20.9	31.0	19.6	10.7	13.1	3.9	0.9
Statewide % for 1999	22.2	33.0	18.0	8.6	13.8	3.5	0.9
Statewide % for 1998	24.4	32.3	15.6	11.2	13.0	2.9	0.7

** Publicly funded OTPs

Table 8 on the next page shows the distribution of patients who dropped out of treatment, by OTP, and statewide totals, including each OTP's drop-out rate by year, 1998-2005. Drop-out is defined as patients who did not complete treatment and were not provided detoxification services. As can be seen, the statewide drop-out rate has declined minimally over the eight-year period, from 24% in 1998 to 22.1% in 2005 and reaching a high of 26.1% in 2002. The individual OTP drop-out rate has likewise fluctuated over the eight-year period, and in 2005, the rate ranged from a high¹³ of 30.1% at the Center for Behavioral Health in Fort Wayne to a low of 5.8% at the Evansville Treatment Center in Evansville. In 2005, the drop-out rates at the two publicly funded clinics, Edgewater Systems for Balanced Living in Gary and Midtown Narcotic Treatment Program in Indianapolis, were at 16% and 13.4%, respectively, and the drop-out rates at these OTPs have stayed fairly consistent over the years. On the other hand, the drop-out rate at some OTPs has fluctuated widely, for example the Evansville Treatment Center (ETC) in Evansville, which was at 25.4% in 1998 and is at 5.8% in 2005.

¹³ Holliday Health Care in Gary showed a 50% drop-out rate in 2005, but this is based on a patient caseload of two patients, and thus is not included.

Table 8
Indiana OTP Patients % Drop-Outs by OTP and Statewide, 1998-2005

			Percentage of Patients Who Dropped Out							
OTP	Total Number Patients Treated in 2005	Total Number Patient who dropped out 2005	2005	2004	2003	2002	2001	2000	1999	1998
Center for Behavioral Health Indiana, Inc	505	152	30.1 %	28.8%	29.9	27.9	22.4	31.9	32.8	38.3
Discovery House, Inc.	262	34	13.0	16.0%	19.1	22.3	25.5	17.0	40.2	34.0
East Indiana Treatment Center, Inc.	2,941	785	26.7 %	26.9%	25.9	27.8	22.9	22.3	19.8	22.8
Edgewater Systems For Balanced Living, Inc.**	351	56	16.0 %	20.5%	11.6	17.5	10.6	11.2	11.7	15.0
Evansville Treatment Center, Inc.	724	42	5.8%	24.6%	25.3	23.7	21.5	22.0	22.6	25.4
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	359	48	13.4 %	13.1%	22.0	16.7	11.8	16.1	14.9	18.4
Holliday Health Care, P.C.	2	1	50.0 %	0.0%	0.0	0.0	0.0	0.0	0.0	0.0
Indianapolis Treatment Center, Inc.	1,415	406	28.7 %	1.8%	25.8	22.5	21.7	20.7	22.8	27.6
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	475	131	27.6 %	25.7%	34.5	32.0	35.1	47.2	37.9	N/A
Richmond Treatment Center, Inc.	762	145	19.0 %	22.6%	24.5	32.6	29.2	30.8	32.2	37.2
Southern Indiana Treatment Center, Inc.	1,943	371	19.1 %	21.2%	20.7	27.7	23.9	23.1	21.8	17.0
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	143	15	10.5 %	16.2%	17.9	21.4	12.2	21.6	17.9	24.3
Statewide Totals and Percentages	9,882	2,186	22.1 %	20.9%	24.4	26.1	22.5	22.9	22.6	24.0

**Publicly funded OTPs

Table 1, in Section II, shows a 2005 retention in treatment rate (patients continuously in treatment from enrollment to the end of CY 2005) for Indiana OTP patients of 68.10%, or 6,730 patients, a decrease of just under three-and-one-half percent compared with 2004 figures. Retention in treatment has fluctuated little between 1998 and 2005, reaching a high of 71.57% in 2004. Table 1 also shows that an additional 307 patients (3.10%) transferred from one OTP to another, and it can be assumed that they continued their treatment. Combining these two categories results in an estimate that 71.20% of patients treated in Indiana OTPs were continuously in treatment from their enrollment date through the end of the CY 2005.

Table 9
Indiana OTP Patient % Retention, Drop-Outs, Other Reasons to Discontinue, and Time in Treatment, 1998-2005

CY	Patient Retention in Treatment Rate	Patient Discontinuance from Treatment (Other Than Dropping Out)	Patient Drop-Out Rate	% Dropouts Patients in Treatment Under One Year	% Dropouts Patients in Treatment Under 90 days
2005	68.10%	9.78%	22.12%	53.7%	48.12%
2004	71.57%	7.51%	20.9%	65.2	51.7%
2003	67.51%	8.04%	24.4%	63.7%	51.3%
2002	65.70%	8.19%	26.1%	70.6%	52.4%
2001	68.94%	8.55%	22.5%	74.2%	40.5%
2000	67.55%	9.55%	22.9%	78.8%	43.8%
1999	66.2%	11.2%	22.6%	84.5%	45.8%
1998	65.5%	10.5%	24.0%	86.2%	53.0%

Table 9 above shows that patient drop-outs from Indiana OTPs have decreased from 24% in 1998 to 22.12% in 2005 and a 2005 rate of discontinuance of treatment other than by dropping out¹⁴ of 9.78%. Table 9 additionally shows the percentage of patients who dropped out under one year and under 90 days in treatment, as well as showing statewide drop-out totals by length of time in treatment, and it can be seen that the percentage of patients dropping out under one year has declined from 86.2% in 1998 to 53.7% in 2005 and the percentage of patients dropping out under 90 days in treatment has declined from 53% in 1998 to 48.12% in 2005.

Table 9 illustrates that the first year of treatment is challenging for patients and OTP clinical staff in that in 2005, 53.70% of drop-outs occurred during this period, with 25.89% of drop-outs occurring during the first 90 days. A consistent pattern is seen that at all OTPs, the greater number of patients drop out in earlier treatment, with drop-out rates for most patients at most OTPs declining the longer they are in treatment. The lowest drop-out rates are seen in patients in treatment between six and ten years and over ten years in treatment. Comparing drop-out rates from year to year, it can be seen that the drop-out rate for patients in treatment less than 90 days has decreased from 53% in 1998 to 25.9% in 2005 and for patients in treatment 90 days to one year, from 33.2% to 27.8% during the same time period. Concomitant slight increases and slight decreases have occurred in drop-out rates over the eight-year period for patients in treatment from 90 days to one year, from one to two years, from six to ten years and for patients in treatment over ten years. Of note is that at the same time, patients have stayed in treatment longer since the first report in 1998, the statewide patient drop-out rates for those in treatment between two and three years increased from four percent in 1998 to 13.2% in 2005, and for those in treatment between three and six years, it increased from 3.4% in 1998 to 11.5% in 2005. **Table 10** on the next pages shows percentage of patients dropping out of treatment distributed over seven treatment time categories, by OTP and statewide totals.

¹⁴ Discontinuance other than by dropping out includes five categories: 1) those that successfully complete treatment; 2) those who are dismissed from treatment due to non-compliance; 3) those who leave treatment against medical advice; 4) those who transferred to another OTP; and 5) those that died non-methadone-related deaths.

Table 10
Indiana OTP Patient Drop-Outs by Length of Time in Treatment, by OTP and Statewide, 1998-2005

OTP	< 90 days		90 – 1 y-		1 – 2 y		2 – 3 y		3 – 6 y		6-10 y		>10 y	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc	57	37.50	48	31.58	22	14.47	13	8.55	8	5.26	4	2.63	0	0.00
Discovery House, Inc.	20	58.82	7	20.59	6	17.65	1	2.94	0	0.00	0	0.00	0	0.00
East Indiana Treatment Center, Inc.	191	24.33	225	28.66	166	21.15	106	13.50	75	9.55	20	2.55	2	0.25
Edgewater Systems For Balanced Living, Inc.**	27	48.21	15	26.79	8	14.29	1	1.79	1	1.79	4	7.14	0	0.00
Evansville Treatment Center, Inc.	13	30.95	14	33.33	5	11.90	6	14.29	4	9.52	0	0.00	0	0.00
H & H C of Marion Co. d/b/a Midtown CMHC**	14	29.17	12	25.00	10	20.83	5	10.42	5	10.42	1	2.08	1	2.08
Holliday Health Care, P.C.	0	0.00	0	0.00	1	100.0	0	0.00	0	0.00	0	0.00	0	0.00
Indianapolis Treatment Center, Inc.	86	21.18	96	23.65	38	9.36	77	18.97	70	17.24	31	7.64	8	1.97
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	58	44.27	37	28.24	12	9.16	12	9.16	12	9.16	0	0.00	0	0.00
Richmond Treatment Center, Inc.	34	23.45	26	17.93	26	17.93	31	21.38	26	17.93	2	1.38	0	0.00
Southern Indiana Treatment Center, Inc.	62	16.71	124	33.42	88	23.72	37	9.97	47	12.67	13	3.50	0	0.00

** Publicly funded OTPs

Table 10 (Continued)
Indiana OTP Patient Drop-Outs by Length of Time in Treatment, by OTP and Statewide, 1998-2005

OTP	< 90 days		90 – 1 y-		1 – 2 y		2 – 3 y		3 – 6 y		6-10 y		>10 y	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Statewide total # of patients per category 2005	566		608		383		290		252		76		11	
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	4	26.67	4	26.67	1	6.67	1	6.67	4	26.67	1	6.67	0	0.00
Statewide % of patients per category 2005		25.89		27.81		17.52		13.27		11.53		3.48		0.50
Total # patients and % for state in 2004	656	33.7	613	31.5	362	18.6	151	7.8	123	6.3	38	2.0	3	0.2
Total # patients and % for state in 2003	695	32.7	659	31.0	379	17.8	204	9.6	151	7.1	32	1.5	5	0.2
Total # patients and % for state in 2002	787	37.0	715	33.6	342	16.1	137	6.4	117	5.5	28	1.3	0	0.0
Total # patients and % for state in 2001	621	40.5	516	33.7	229	14.9	80	5.2	73	4.8	11	0.7	3	0.2
Total # patients and % for state in 2000	551	43.8	440	35.0	162	12.9	58	4.6	39	3.1	7	0.6	0	0.0
Total # patients and % for state in 1999	469	45.7	399	38.9	101	9.8	29	2.8	25	2.4	2	0.2	2	0.2
Total # patients and % for state in 1998	471	53.0	295	33.2	54	6.1	36	4.0	30	3.4	3	0.3	0	0.0

IV. Cost of Opiate Agonist Treatment in Indiana

All Indiana opioid addiction treatment patients are charged for their treatment, with the two public programs charging standing fees of \$35 per week (Edgewater) and \$45 per week (Midtown), and all but one¹⁵ of the privately owned OTP weekly fees ranging from \$60 to \$84 per week. OTP fees include medication, counseling and other support services, and regular drug screens. Based on these average fees, 2005 estimated out-of-pocket expenses-per-patient for a full 12 months of treatment would be: a) \$2,912 for liquid methadone; b) \$4,732 for diskette methadone; and c) \$129.50 per week for buprenorphine.

Table 11 below shows that during CY 2005, a total of 9,882 patients enrolled in 12 opioid treatment programs paid a total of \$24,957,165 in treatment costs (patient payments) for a total of 2,148,230 "dosing days". **Table 13** on page 27 shows that in 2005, this resulted in an average annual patient payment of \$2,525.52. Because of the way the data have been collected and analyzed, this total payment figure does not include funds provided by DMHA to subsidize treatment for low-income individuals at the two public OTPs, Edgewater and Midtown. "Dosing days" are interactions at the OTP, which can be defined by as short a period as receiving a dose of medication to much longer periods, including both individual and group counseling sessions, other support services, including drug screening, and educational workshops.

Table 11
Total # Patients, Total Patient Payments and Total # "Dosing Days," by OTP

OTP	2005		
	Total Patients	Total Patient Payments	Total # Dosing Days
Center for Behavioral Health Indiana, Inc.	505	1,166,448	113,800
Discovery House, Inc.	262	366,315	41,023
East Indiana Treatment Center, Inc.	2941	7,968,507	657,374
Edgewater Systems For Balanced Living, Inc. **	351	164,775	79,191
Evansville Treatment Center, Inc.	724	2,032,818	159,860
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	359	576,344	87,436
Holliday Health Care, P.C.	2	4,500	365
Indianapolis Treatment Center, Inc.	1415	3,596,579	302,251
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	475	789,918	88,783
Richmond Treatment Center, Inc.	762	2,122,973	179,600
Southern Indiana Treatment Center, Inc.	1943	5,816,204	402,759
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	143	351,784	35,788
Statewide Totals	9,882	24,957,165.00	2,148,230

Table 12 on the following page shows patient payments by OTP between 1998 and 2005. As can be seen, between 1998 and 2004, total patient payments rose from \$6,206,766 to \$26,020,362, but have lowered in 2005 to \$24,957,165, a 4.14% decrease. Looking at all Indiana OTPs, five saw increases in patient payments and seven saw decreases in 2005. Of note is that both the public OTPs saw declines in patient payments in 2005, as did three of the CRC OTPs, Discovery House and Holliday Health Care. Conversely, the newest OTP, Semoran Center, two of the CRC OTPs, and the two other privately owned OTPs, Center for Behavioral Health and Victory Clinic, all saw increases in patient payments between 2004 and 2005. As patient enrollments increase, increases are seen in patient payments, and as patients remain in treatment longer, services generally increase, with concomitant increases in revenue. Additionally, since average length of time in treatment has increased between 1998 and 2005, and patients longer in treatment typically receive more services, this is likely also affecting an increase in annual patient payments.

¹⁵ Fees at Holliday Health Care, which serves a very small number of patients, are slightly above this range.

Table 12
Statewide Total Patient Payments by OTP, 1998 - 2005

OTP	Total Patient Payments, 1998-2005							
	2005	2004	2003	2002	2001	2000	1999	1998
Center for Behavioral Health Indiana, Inc.	1,166,448	1,100,619	889,876	688,244	400,540	297,545	200,858	130,144
Discovery House, Inc.	366,315	391,022	333,546	392,376	265,201	236,410	211,824	103,087
East Indiana Treatment Center, Inc.	7,968,507	8,599,803	6,735,492	6,459,593	4,814,029	3,471,758	2,083,638	1,321,080
Edgewater Systems For Balanced Living, Inc. **	164,775	183,312	190,698	209,631	284,994	241,243	172,957	166,846
Evansville Treatment Center, Inc.	2,032,818	1,726,724	1,345,849	1,121,150	941,963	836,555	691,439	542,834
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	576,344	698,625	731,510	703,880	631,375	668,085	526,100	555,445
Holliday Health Care, P.C.	4,500	14,395	13,560	9,500	9,000	9,600	19,524	20,998
Indianapolis Treatment Center, Inc.	3,596,579	4,369,307	3,470,111	3,134,701	2,446,198	2,158,749	1,752,768	1,394,377
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	789,918	716,348	670,283	452,042	302,740	185,972	60,761	N/A
Richmond Treatment Center, Inc.	2,122,973	2,406,841	2,046,222	1,879,803	1,438,623	952,467	696,848	407,375
Southern Indiana Treatment Center, Inc.	5,816,204	5,498,378	4,325,293	3,821,099	3,010,560	2,134,348	1,663,762	1,336,719
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	351,784	314,988	297,507	301,704	262,100	292,502	243,667	213,607
Statewide Totals	24,957,165	26,020,362	21,049,947	19,173,723	14,807,323	11,507,071	8,357,247	6,206,766

Table 13 below shows average annual patient payments by OTP, indicating that between 1998 and 2005, the average annual patient payment has increased from \$1,620.88 to \$2,525.52, or a 56% increase in average annual patient payment across the system. Over the last year, however, the average annual payment decreased by 10.75%, from \$2,796.99 in 2004. Also as can be seen in 2005, the average annual patient payment ranged from a low of \$469.44 at Edgewater and \$1,605.42 at Midtown to a high of \$2,993.41 at Southern Indiana Treatment Center in Jeffersonville.

Table 13
Average Annual Patient Payments for OTP Treatment, by OTP, 1998-2005

OTP								
	2005	2004	2003	2002	2001	2000	1999	1998
Center for Behavioral Health Indiana, Inc.	2,309.80	2,141.28	1,873.42	1,811.17	1,362.30	1,185.44	1,079.88	873.45
Discovery House, Inc.	1,398.15	1,602.55	1,273.08	1,684.02	1,326.01	1,343.24	1,151.21	701.27
East Indiana Treatment Center, Inc.	2,709.45	2,978.80	2,682.39	2,645.21	2,461.16	2,444.90	2,113.22	1,917.39
Edgewater Systems For Balanced Living, Inc. **	469.44	553.81	693.45	572.76	890.61	770.74	547.33	533.05
Evansville Treatment Center, Inc.	2,807.76	2,951.66	2,792.22	2,656.75	2,898.35	2,707.30	2,267.01	2,120.45
H & H C of Marion Co., Indiana, dba Midtown CMHC**	1,605.42	1,691.59	1,559.72	1,526.85	1,409.32	1,653.68	1,373.62	1,247.63
Holliday Health Care, P.C.	2,250.00	4,798.33	6,780	4,750.00	9,000.00	3,200.00	4,881.00	4,199.60
Indianapolis Treatment Center, Inc.	2,541.75	3,766.64	2,765.03	2,749.74	2,602.34	2,548.70	2,247.13	2,059.64
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	1,662.99	1,617.04	1,435.30	1,147.31	1,002.45	868.82	523.80	N/A
Richmond Treatment Center, Inc.	2,786.05	3,342.83	2,757.71	2,470.17	2,176.43	2,111.90	1,883.37	1,367.03
Southern Indiana Treatment Center, Inc.	2,993.41	2,954.53	2,701.62	2,778.98	2,479.87	2,345.43	2,349.94	2,395.55
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	2,460.03	2,218.23	1,970.25	1,795.86	1,770.95	1,911.78	1,561.96	1,525.76
Statewide Averages	2,525.52/ program	2,796.99/ program	2,421.76/ program	2,215.74/ program	2,448.32/ program	2,099.06/ program	1,845.27/ program	1,620.88/ program

** Publicly funded OTPs

Table 14 below shows average number of "dosing days" per patient, 1998-2005, for the 12 OTPs and statewide totals. The average number of dosing days is seen to have increased over the eight-year period, from 201.13 in 1998 to 217.4 in 2005, although down from the high of 232.9 in 2004. **Table 15** on the following page shows the average payment per dosing day, by OTP, and statewide averages, 1998-2005, indicating that the average payment per dosing day has increased from \$8.33 in 1998 to \$11.62 in 2005, with a high in 2004 of \$12.01. OTPs vary considerably between them on the average payment per dosing day, from a high in 2005 of \$14.44 at Southern Indiana Treatment Center in Jeffersonville to a low of \$2.08 average payment per dosing day at Edgewater.

Table 14
Average Number Dosing Days Per Patient, by OTP, 1998-2005

OTP	Total # Patients	Average Number (#) Dosing Days/Patient 1998-2005							
		2005	2004	2003	2002	2001	2000	1999	1998
Center for Behavioral Health Indiana, Inc.	505	225.3	315.5	273.9	259.80	160.70	139.46	154.27	124.78
Discovery House, Inc.	262	156.6	194.6	185.3	172.88	169.30	169.81	163.09	109.51
East Indiana Treatment Center, Inc.	2941	223.5	216.8	230.9	221.01	212.45	210.11	207.51	189.93
Edgewater Systems For Balanced Living, Inc. **	351	225.6	218.2	225.1	210.99	361.42	235.38	241.99	253.97
Evansville Treatment Center, Inc.	724	220.8	212.9	228.2	214.18	246.48	243.48	214.26	214.98
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	359	243.6	200.3	132.0	215.01	168.22	176.60	211.28	201.22
Holliday Health Care, P.C.	2	182.5	243.3	365.0	190.5	365	246.33	323.75	307.60
Indianapolis Treatment Center, Inc.	1415	213.6	256.4	225.1	226.47	223.43	230.12	216.65	214.86
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	475	186.9	180.0	157.7	129.85	121.66	109.04	65.97	N/A
Richmond Treatment Center, Inc.	762	235.7	238.2	226.3	206.39	186.83	189.61	176.99	131.92
Southern Indiana Treatment Center, Inc.	1943	207.3	252.4	221.9	227.94	215.98	208.74	216.56	222.45
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	143	250.3	233.0	221.1	240.67	236.55	236.49	226.66	304.12
Statewide Totals	9882	217.4	232.9	219.3	209.64	222.34	203.89	203.92	201.13

** Publicly funded OTPs

Table 15
Average Payment Per Dosing Day, by OTP, and Statewide Averages, 1998-2005

OTP	2005	2004	2003	2002	2001	2000	1999	1998
Center for Behavioral Health Indiana, Inc.	10.25	6.79	6.84	6.97	8.48	8.50	7.00	7.00
Discovery House, Inc.	8.93	8.24	6.87	9.74	7.83	7.91	7.06	6.40
East Indiana Treatment Center, Inc.	12.12	13.74	11.62	11.97	11.58	11.64	10.18	10.10
Edgewater Systems For Balanced Living, Inc. **	2.08	2.54	3.08	2.71	2.46	3.27	2.26	2.10
Evansville Treatment Center, Inc.	12.72	13.87	12.24	12.40	11.76	11.20	10.58	9.86
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	6.59	8.45	11.82	7.10	8.38	9.36	6.50	6.20
Holliday Health Care, P.C.	12.33	19.72	18.58	24.93	24.66	12.99	15.08	13.65
Indianapolis Treatment Center, Inc.	11.90	14.69	12.28	12.14	11.65	11.08	10.37	9.59
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	8.90	8.98	9.10	8.84	8.24	7.97	7.94	N/A
Richmond Treatment Center, Inc.	11.82	14.03	12.19	11.97	11.65	11.14	10.64	10.36
Southern Indiana Treatment Center, Inc.	14.44	11.71	12.17	12.19	11.48	11.24	10.85	10.77
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	9.83	9.52	8.91	7.46	7.49	8.08	6.89	5.02
Statewide Averages	11.62	12.01	11.05	10.70	10.47	10.29	9.05	8.33

** Publicly funded OTPs

Since Holliday Health Care only served two patients in 2005, information from this clinic has been removed from the discussion in Table 16, below. **Table 16** on the next page provides further cost comparisons for 2005 and shows that the remaining 11 OTPs saw total patient payments of \$24,952,665, an average payment per dose of \$11.62, and an average annual patient payment of \$2,525.25. Looking only at the two public OTPs, Edgewater and Midtown, total patient payments were reported at \$741,119, average payment per dose at \$4.45, and average annual patient payment at \$1,043.83. The nine privately owned OTPs (not including Holliday Health Care) reported total patient payments of \$24,211,546, average patient payment per dose of \$12.22, and average annual patient payment of \$2,640.30. The five CRC OTPs reported total patient payments of \$21,537,081, average patient payment per dose of \$12.66, and an average annual patient payment of \$2,766.48. Finally, the other four privately owned OTPs (not including Holliday Health Care) reported total patient payments of \$2,674,465, average patient payment per dose of \$9.57, and an average annual patient payment of \$1,931.02.

Table 16
Total Patient Payments, Average # Doses, Average Payment/Dose, Average Annual Patient Payment

	# of Patients	# of Doses	Total Patient Payments	Average # Doses/ Patient	Average Payment/ Dose	Average Annual Patient Payment
State-wide Totals	9880	2,147,785	24,952,665	217.4	11.62	2,525.57
Holliday Health Care, PC	2	365	4,500	182.5	12.33	2,250
Two Public OTPs Total ***	710	166,627	741,119	234.7	4.45	1,043.83
Nine Privately Owned OTPs Totals (Not including Holliday Health Care)	9,170	1,981,238	24,211,546	216.1	12.22	2,640.30
Five CRC OTPs	7,785	1,701,844	21,537,081	218.6	12.66	2,766.48
Four Privately Owned OTPs Totals (Not including CRC or Holliday Health Care)	1,385	279,394	2,674,465	201.7	9.57	1,931.02

V. Rehabilitation Rate of Patients Receiving Opiate Agonist Treatment

For the 1998 report, nine (9) Rehabilitation Indicators for patients receiving opioid addiction treatment were established, six reduction indicators and three improvement indicators. To maintain consistency in reported information from year to year, these indicators have been used for all subsequent reports, including this report. The data making up these indicators result from a variety of information, including information shared by the patient during the intake assessment, information from routine urine drug screening, and information reviewed as the patient is counseled and monitored during his/her entire treatment experience. The indicators are:

1. Reduction in use of prescription opiates
2. Reduction in illegal use of non-prescription opiates
3. Reduction in illegal use of drugs other than opiates
4. Reduction of criminal behavior
5. Reduction of risky behavior related to spread of infectious disease
6. Reduction in abuse of alcohol
7. Improvement in schooling or training
8. Improvement in employment
9. Improvement in family relationships

Not all indicators apply to all OTP patients. Table 17 on the following page shows the percentages and numbers of 2005 patients for whom each of the nine rehabilitation indicators did not apply and the percentage of 1998-2005 patients for whom each of the nine indicators applied as of the end of each calendar year. The nine indicators were considered to apply or not to apply based on the patient's or the clinic staff's identification of the indicator as an issue to address at admission and/or the patient's and/or the clinic staff's identification of the indicator as an issue to address during his/her treatment experience, frequently during the most recent treatment planning session, whichever was most recent. For example, if a reduction indicator did not apply, it means that either that neither the patient nor the clinic staff identified that particular issue upon admission or at any time during the patient's treatment that year, and therefore the patient could not reduce that behavior. If an improvement indicator did not apply, it means that neither the patient nor the clinic identified that particular issue upon admission or during the year's treatment experience, and therefore the patient could not demonstrate improvement on that particular indicator.

In 2005, over 96.5% of OTP patients were identified as needing to improve family relationships, while only 38.4% of patients were identified as needing to reduce alcohol abuse. Additionally, the data indicate that of 2005 OTP patients:

- 92.4% needed to reduce illegal use of non-prescription drugs;
- 91.3% needed to reduce illegal use of non-opiate drugs;
- 85.1% needed to improve their employment situation;
- 76.7% needed to reduce criminal behavior;
- 70.7% needed to reduce risky behaviors related to the spread of infectious disease;
- 68.3% needed to improve their educational or training status; and
- 60.6% needed to reduce use of prescription opiates.

Looking at the indicators over the past eight years of reporting, significantly high percentages of patients have been consistently identified as needing to address all the indicators, with lowest percentage consistently identified as need to reduce abuse of alcohol. Looking at change in percentages of patients needing to address all nine indicators, minimal change is seen between 1998 and 2005 in all but two reduction indicators. It can be seen in Table 17 that:

- The percentage of patients identified as needing to reduce illegal use of non-prescription opiates declined 2.7 percentage points between 1998 and 2005, from 95.1% to 92.4%, with a high of 96.2% in 2001;
- The percentage of patients identified as needing to reduce use of illegal drugs other than opiates has also fluctuated little over the eight years and in 2005 was at 91.3%, with a high of 92.4% in both 1999 & 2001;
- The percentage of patients identified as needing to reduce criminal behavior changed only slightly, from 75.4% in 1998, reaching a high of 84.8% in 1999, and measuring 76.7% in 2005; and
- The percentage of patients identified as needing to reduce risky behaviors related to infectious disease spread also declined minimally, moving from 74.2% to 70.7% and reached a high of 79.1% in 1999.

On the other hand, Table 17 below shows more substantial change in the percentage of patients needing to address two reduction indicators, as follows:

- The percentage of patients identified as needing to reduce use of prescription opiates declined from 82.8% in 1998 to 60.6% in 2005, a 22.2% reduction; and
- The percentage of patients identified as needing to reduce use of alcohol declined nearly 11 percentage points over the eight years, from 49.3% to 38.4%, with a high of 54% in 1999.

Table 17
Rehabilitation Indicators
% Patients to Which Indicators Are Not Applicable and % to Which Indicators Apply, 1998-2005

Rehabilitation Indicator	Indicator Not Applicable		% Patients to Which Indicator Applies								
	# of patients	% 2005	# of patients	% 2005	% 2004	% 2003	% 2002	% 2001	% 2000	% 1999	% 1998
1. Reduced use of prescription opiates	3,893	39.4	5,989	60.6	63.1	63.4	66.9	74.9	75.6	80.8	82.8
2. Reduced illegal use of non-prescription opiates	752	7.6	9,130	92.4	92.0	92.6	94.1	96.2	94.9	94.7	95.1
3. Reduced illegal use of drugs other than opiates	861	8.7	9,021	91.3	92.0	89.3	90.3	92.4	91.9	92.4	91.7
4. Reduced criminal behavior	2,302	23.3	7,580	76.7	76.2	70.0	74.9	73.9	74.3	84.8	75.4
5. Reduced risky behavior related to spread of infectious disease	2,895	29.3	6,987	70.7	66.4	63.9	66.8	70.9	71.2	79.1	74.2
6. Reduced abuse of alcohol	6,092	61.6	3,790	38.4	41.2	39.2	43.9	47.6	46.8	54.0	49.3
7. Improved schooling or training	3,132	31.7	6,750	68.3	73.3	72.1	71.4	72.3	67.9	70.3	75.1
8. Improved employment	1,470	14.9	8,412	85.1	89.7	89.2	87.8	86.8	87.2	85.8	84.3
9. Improved family relationships	339	3.4	9,543	96.5	97.0	96.0	94.5	93.2	95.3	94.2	93.4

Indications of Movement in Recovery/Rehabilitation. Each of the nine rehabilitation indicators is considered important in recovery from opioid addiction, and the many of the indicators become goals in most OTP patients' treatment plans. Recognizing that recovery from opioid addiction and other substance abuse is an ongoing process involving a process of change over time, to evaluate patient change on the nine indicators, each indicator is scored on four levels of reduction or improvement ranging from no reduction or improvement to significant reduction or improvement, as follows:

0 = **Not Applicable** (NA) = indicator **does not apply** to patient's rehabilitation

1 = **No** improvement

2 = **Little** improvement

3 = **Moderate** improvement

4 = **Significant** improvement

Table 18 on the following page provides a breakdown on all nine indicators at the end of the calendar year for 2005 patients for whom the indicator was applicable utilizing the levels of reduction or improvement. Of the 2005 patients identified as needing to either reduce some behavior or to improve their status in a particular area, the greatest percentage of significant improvement was seen in the reduction of illegal use of non-prescription opiates, at 58.2%, followed by 51.7% who significantly reduced use of prescription opiates. Significant improvement or reduction was seen in from 7.8% to 44.7% of patients on all the other rehabilitation indicators. Moderate improvement was seen for 26.1% of patients who needed to reduce risky behavior related to infectious disease, moderate improvement was seen in family relationships for 34.1% of patients to which this issue applied, and moderate improvement was seen in all the other indicators for from 12.6% to 24.1% of the patients to which the indicator applied on all the other indicators. All six indicators show some improvement for over 38% of patients to which the indicator applies, correlating positively with longer stays in treatment and showing incremental change. Aggregate percentage improvement, in fact, was seen on all but one of the nine indicators between 2004 and 2005 (see 2004 report).

The following percentages of 2005 patients to which the indicator applied showed either reduction or improvement across the three levels of little to significant reduction or improvement:

- 87.5% reduced use of prescription opiates;
- 88.4% reduced illegal use of non-prescription opiates;
- 82.2% reduced illegal use of non-opiate drugs;
- 83.4% reduced criminal behavior;
- 85.5% reduced risky behaviors related to the spread of infectious disease;
- 82.4% reduced alcohol abuse;
- 36.9% improved their educational or training status;
- 65% improved their employment situation; and
- 83% improved family relationships.

Table 18
2005 Patient Reduction or Improvement on the Nine Rehabilitation Indicators

		Rehabilitation Level of Reduction or Improvement							
Rehabilitation Indicator	Number of Patients Per Indicator	1. No Change		2. Little Change		3. Moderate Change		4. Significant Change	
		#	%	#	%	#	%	#	%
1. Reduced use of prescription opiates	5,989	744	12.4	845	14.1	1300	21.7	3,096	51.7
2. Reduced illegal use of non-prescription opiates	9,130	1,063	11.6	1,152	12.6	1,603	17.6	5,312	58.2
3. Reduced illegal use of drugs other than opiates	9,021	1,607	17.8	1,652	18.3	1,958	21.7	3,804	42.2
4. Reduced criminal behavior	7,580	1,255	16.6	1,378	18.2	1,662	21.9	3,285	43.3
5. Reduced risky behavior related to spread of infectious disease	6,987	1,011	14.5	1,030	14.7	1,821	26.1	3,125	44.7
6. Reduced abuse of alcohol	3,790	665	17.5	756	19.9	913	24.1	1,456	38.4
7. Improved education or training	6,750	4,262	63.1	1,114	16.5	848	12.6	526	7.8
8. Improved employment	8,412	2,945	35.0	1,758	20.9	2,026	24.1	1,683	20.0
9. Improved family relationships	9,543	1,624	17.0	2,311	24.2	3253	34.1	2,355	24.7

VI. Number of Patients Addicted to Methadone

Methadone is a prescribed oral opiate agonist medication used in the treatment of heroin and other opiate addiction since the 1960s. The brain of a person addicted to opiate drugs builds a tolerance to the opiates, requiring the person to use increasing amounts to function while at the same time modifying the brain's chemical structure, sometimes irreparably. At the clinically optimal dose, methadone occupies the brain receptor sites which were being filled by the illicit opiate, eliminating abrupt side effects which would create a need to return to illicit drug use while not causing euphoria, sedation or mental impairment. Numerous studies have documented its effectiveness in decreasing relapse to illicit drugs and in curtailing the medical, psychiatric and legal consequences of illicit use. Patients in opiate addiction treatment are provided supportive counseling and referred to ancillary services to improve their functioning while their brains are being treated with a medication to restore normal mental functioning. Treatment staff, led by the program physician, work with patients to identify the clinically optimal methadone dose which will support normal functioning as the patient gradually learns and practices new behaviors and coping skills.

Since May 22, 2003, the opiate agonist buprenorphine has been available to OTPs to treat opiate addiction. Buprenorphine has many of the same properties as methadone and is (a) a somewhat weaker opiate agonist; (b) consequently relatively safer regarding overdose potential and easier to discontinue because of lower level of physical dependence ; and (c) longer acting, necessitating fewer clinic visits for administration¹⁶. Buprenorphine is considered most useful for patients who are at a "very low level of addiction" and those withdrawing from very low methadone doses as they discontinue their treatment. Because of the price of buprenorphine, approximately three times that of methadone, it is not used very widely¹⁷.

Concerning what is being termed 'addiction to methadone', in order to determine if individuals applying for admission have been using methadone illicitly or if they are enrolled in another OTP, OTPs include a test for methadone metabolites in drug screens of these individuals. Based on information supplied by Indiana OTPs, this is extremely rare, and in 2005, none of patients entering Indiana OTP treatment were found to be using methadone illicitly or to have been enrolled in another OTP. Data from Indiana OTPs are in agreement with the national experience, which indicates that only 1/1,000 of the methadone medically dispensed nationally was diverted to street use.

Finally, It should be noted that another pharmaceutical agent, naltrexone, also blocks the effects of opiates while reducing drug craving and is useful as an adjunct in treating drug-addicted individuals. At present, naltrexone is not used widely in Indiana addiction treatment, including in Indiana OTPs.

¹⁶ National Institute on Drug Abuse, Research Report, NIH Publication Number 00-4165, Reprinted September 2000

¹⁷ In 2005, 21 Indiana OTP patients were treated with buprenorphine.

VII. Number of Opioid Addiction Treatment Patients Who Have Been Rehabilitated and Are No Longer on Opiate Agonist Medication

For this and all previous reports, six patient treatment discontinuation categories have been established and utilized, as follows:

1. Successfully completed treatment and voluntarily detoxified
2. Did not complete treatment and involuntarily detoxified (administrative detox)
3. Did not complete treatment and voluntarily detoxified
4. Did not complete treatment and not detoxified (dropped out)
5. Transferred to another OTP
6. Died, not methadone-related

To identify patients who "have been rehabilitated and are no longer on opiate agonist medication," two aggregated categories have been identified, one combining Categories 1-3, which can be called "Patients No Longer on Methadone (or Buprenorphine)," and one combining Categories 1 and 3 which can be called "Patients Who Are Rehabilitated and No Longer on Methadone (or Buprenorphine)". It should be noted that by combining numbers of patients who leave treatment before and after completing a prescribed regimen, which has been done to address these legislatively requested "questions", it is difficult to draw firm conclusions and that the information in this section should be considered in relation to the knowledge that treatment success is positively correlated with longer treatment experience. It also should be noted that the data do not distinguish between patients who are more challenging and those who are less challenging in terms of severity of addiction and co-occurring disorders, both of which affect indicated length of treatment and whether or not it is advisable to discontinue opiate agonist medication.

Patients No Longer on Methadone or Buprenorphine. Combining Categories 1-3 results in identification of all patients who are no longer on methadone or buprenorphine, since all of these patients discontinued use of opiate agonist medication during the calendar year. Not included in this aggregated group are patients who dropped out of treatment, patients who transferred to another OTP, and patients who died. The reason for inclusion of Category 1, patients who successfully completed treatment and voluntarily detoxified, is self-explanatory in that the patients completed a treatment regimen and discontinued use of opiate agonist medication after a period of medically supervised withdrawal utilizing decreasing doses to alleviate adverse physiological and psychological effects which result from continuous or sustained use of an opiate drug¹⁸. Categories 2 and 3 are included because patients in both categories underwent medically supervised withdrawal and discontinued opiate agonist medication, Category 2 because of program non-compliance, and Category 3 at the patient's request before completing a recommended treatment regimen. Category 2, Administrative Detox, includes patients who did not complete treatment because they had problems with conduct, following/adhering to their treatment plans, or paying fees. These patients were involuntarily detoxified, and at the time of discharge from the OTP were at very low dosages of opiate agonist medication or were at 0 doses. Category 3 consists of patients who made a decision to withdraw from opiate agonist medication, most often against medical advice.

Table 19 on the following page shows that between 1998 and 2005, the percentage of patients treated during the calendar year that discontinued their opioid addiction treatment and thus their methadone or buprenorphine (Categories 1-3, No Longer on Methadone or Buprenorphine) increased from 5.49% to 6.43%. As can be seen, the percentage of OTP patients discontinuing treatment has fluctuated over the eight years reporting has been done, with the greatest percentage in this aggregated category in 2005, 6.43%, and the lowest percentage, 4.11%, in 2002.

¹⁸ 21 CFR Part 291, Methadone Rule, Proposed Rules and Notice, March 2, 1989, Section 291.505 (a) (1)

Table 19
Patients Who Are No Longer on Methadone or Buprenorphine
(Three Categories of Patients Who Discontinued Opioid Agonist Treatment, CY 1998-2005)

CY	Total Number of Patients	1. Completed Treatment and Voluntarily Withdrew		2. Involuntarily Detoxified		3. Treatment Not Completed but Voluntarily Withdrew		Totals	
		Number	%	Number	%	Number	%	Number	%
1998	3,704	58	1.57	97	2.62	48	1.3	203	5.49
1999	4,529	81	1.79	119	2.63	78	1.72	278	6.14
2000	5,482	66	1.20	87	1.59	73	1.33	226	4.12
2001	6,809	100	1.47	144	2.11	94	1.38	338	4.96
2002	8,144	118	1.45	153	1.88	64	0.789	335	4.11
2003	8,692	140	1.61	148	1.70	73	0.84	360	4.15
2004	9,303	123	1.32	180	1.93	101	1.09	404	4.34
2005	9,882	212	2.15	240	2.43	183	1.85	635	6.43

Patients Who Are Rehabilitated and No Longer on Methadone or Buprenorphine. Combining Categories 1 and 3 results in identification of all patients who successfully completed treatment and voluntarily detoxified and patients who did not complete treatment but who also were voluntarily detoxified from opiate agonist medication.

Table 20 on the following page contains information on both Patients Who Are No Longer on Methadone or Buprenorphine (Categories 1-4) and Patients Who Are Rehabilitated and No Longer on Methadone or Buprenorphine (Categories 1 and 3), as well as information on all six discontinuation categories. Looking only at Patients Who Are Rehabilitated and No Longer on Methadone, this table shows that 395 patients, or four percent of the total 2005 Indiana OTP patients, were in this category. Looking only at Patients Who Are No Longer on Methadone or Buprenorphine, the table shows that 635 patients or 6.43% of the total 2005 Indiana OTP patients were in this category. Comparing OTPs on the two aggregated categories in 2005, a range of from 2.4% to 13.4% is seen in the former (Rehabilitated and No Longer On Methadone) category, while a range of from 2.47% to 20.9%¹⁹ is seen in the latter (No Longer On Methadone) category. Two of the CRC OTPs, Evansville Treatment Center (ETC) and Indianapolis Treatment Center (ITC), are the OTPs at these "outer" percentages, with 13.4% of 2005 ETC patients No Longer on Methadone or Buprenorphine and Rehabilitated and 20.9% of patients No Longer on Methadone or Buprenorphine, and 2.4% of ITC patients No Longer on Methadone or Buprenorphine and Rehabilitated and 2.47% of patients No Longer of Methadone or Buprenorphine.

Table 20 additionally shows the number and percentages of the total 2005 patient enrollments represented by the six patient discontinuation categories by OTP and also the averages for the all the OTPs and patients who remained in treatment are identified as not applicable (N/A). As can be seen, the largest percentages of 2005 discontinuations across the State fell into Category 4 (22.1% of total enrollments dropped out), with very small percentages, ranging from .20% (death) to 3.1% (transferred to another OTP) in the other four discontinuation categories. It should be noted that throughout the eight years of reporting, no opiate agonist-related patient deaths have been reported in the State of Indiana.

¹⁹ Holliday Health Care is excluded from this data since in 2005 because none of its patients fell in any of the three categories.

Table 20
Number/Percentages of 2005 Patient Discontinuations by Six Discontinuation Categories, by OTP and Statewide

OTP	N/A		1		2		3		4		5		6	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
C B H I, Inc	312	61.8	15	3.0	6	1.2	10	2.0	152	30.1	9	1.8	1	0.2
Discovery House, Inc.	179	68.3	5	1.9	27	10.3	2	0.8	34	13.0	13	5.0	2	0.8
E I T C, Inc	1975	67.2	35	1.2	45	1.5	42	1.4	785	26.7	56	1.9	3	0.1
Edgewater Systems For Balanced Living, Inc.**	238	67.8	6	1.7	27	7.7	4	1.1	56	16.0	13	3.7	7	2.0
E T C, Inc.	525	72.5	19	2.6	54	7.5	78	10.8	42	5.8	6	0.8	0	0.0
Health & Hospital Corporation of Marion Co., d/b/a Midtown CMHC**	265	73.8	13	3.6	19	5.3	7	1.9	48	13.4	4	1.1	3	0.8
Holliday Health Care, P.C.	1	50.00	0	0.00	0	0.00	0	0.00	1	50.00	0	0.00	0	0.00
I T C, Inc.	972	68.69	34	2.40	1	0.07	0	0.00	405	28.62	3	0.21	0	0.00
Metro Treatment of Gary, LLP, d/b/a Semoran Treatment Center	281	59.16	10	2.11	1	0.21	10	2.11	131	27.58	39	8.21	3	0.63
R T C, Inc.	521	68.37	25	3.28	13	1.71	15	1.97	145	19.03	43	5.64	0	0.00
S I T C, Inc.	1358	69.89	45	2.32	38	1.96	15	0.77	371	19.09	112	5.76	4	0.21
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	104	72.73	5	3.50	9	6.29	0	0.00	15	10.49	9	6.29	1	0.70
Total number Patients per Category	6,731		212		240		183		2185		307		24	
Statewide Percentage of Patients per Category		68.1		2.2		2.4		1.9		22.1		3.1		0.2

**Publicly funded OTPs

Table 21 below shows the number and percentages of 2005 Indiana OTP patients by the six discontinuation categories and the percentages for each category, 1998-2005. It can be seen that over the eight years reporting has occurred, there have been only small fluctuations in the discontinuation categories while enrollments have increased by 167% (see Section II.) Between 1998 and 2005, the percentage of patients in the combined Categories 1-3 (No Longer on Methadone) increased from 5.5% to 6.43%, and the combined Categories 1 and 3 (Patients Who have Been Rehabilitated and No Longer on Methadone), have increased from 2.9% to four percent. Additionally, the category of patients remaining in treatment statewide has increased by 2.6%; and patient drop-outs have declined from 23.7% 98 to 22.12% between 1998 and 2005. Patient transfers between OTPs have decreased from five percent to 3.11% between 1998 and 2005, and non-methadone-related deaths have remained below one percent throughout the eight-year period, presently at .24%.

Table 21

2005 Number/Percentages of Statewide Patient Discontinuations by Six Discontinuation Categories and Percentages of Statewide Patient Discontinuations, 1998-2005

Category	Reason for Treatment Discontinuation	2005 #	2005 %	2004 %	2003 %	2002 %	2001 %	2000 %	1999 %	1998 %
N/A (0)	Patient Remaining in Treatment	6,731	68.10%	71.6%	67.5%	65.7%	68.9%	67.7%	66.3%	65.5%
1.	Patient successfully completed treatment and voluntarily detoxified	212	2.15%	1.3%	1.6%	1.4%	1.4%	1.2%	1.8%	1.6%
2.	Patient did not complete treatment and involuntarily detoxified (Administrative Detox)	240	2.43%	1.9%	1.7%	1.9%	2.1%	1.6%	2.6%	2.6%
3.	Patient did not complete treatment and voluntarily detoxified.	183	1.85%	1.1%	0.8%	0.8%	1.4%	1.3%	1.7%	1.3%
4.	Patient did not complete treatment and was not detoxified (dropped out)	2,185	22.12%	20.9%	24.4%	26.1%	22.5%	22.9%	22.6%	23.7%
5.	Patient transferred to another treatment program (OTP)	307	3.11%	2.8%	3.2%	3.6%	3.2%	4.8%	4.1%	5.0%
6.	Non-methadone-related patient death	24	0.24%	0.4%	0.7%	0.5%	0.5%	0.5%	0.9%	0.3%
Totals		9,882	100%	100%	100%	100%	100%	100%	100%	100%

Table 22 below contains information on all 2005 patients in Categories 1-3 (those who discontinued use of opiate agonist medication during the calendar year) by the seven length-of-time-in-treatment categories, which is useful in evaluating patient retention and discontinuation rates.

Table 22
Seven Categories of Length of Time in Treatment for 2005 Patients No Longer on Methadone/Buprenorphine
(Categories 1-3), Percentages and Numbers, Statewide, 1998 - 2005

	<90 days		90 days – 1 Year		1 – 2 Years		2 – 3 Years		3 – 6 Years		6 – 10 Years		> 10 Years	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Category (1)														
2005	31	14.62	51	24.06	58	27.36	20	9.43	34	16.04	16	7.55	2	0.94
2004	9	7.32	9	7.32	43	34.96	18	14.63	24	19.51	5	4.07	1	0.81
2003	13	9.29	39	27.86	43	30.71	25	17.86	17	12.14	3	2.14	0	0.0
2002	12	10.17	36	30.51	25	21.19	14	11.86	19	16.10	8	6.78	4	3.39
2001	12	13.19	26	28.57	28	30.77	11	12.09	13	14.29	1	1.09	0	0.0
2000	4	6.06	16	24.24	18	27.27	7	10.61	16	24.24	3	4.55	2	3.03
1999	11	13.58	31	38.27	18	22.22	7	8.64	11	13.58	2	2.47	1	1.24
1998	10	17.24	27	46.55	9	15.51	2	3.48	9	15.51	0	0.0	1	1.71
Category (2)														
2005	52	21.67	76	31.67	44	18.33	32	13.33	28	11.67	6	2.50	2	0.83
2004	24	13.33	56	31.11	42	23.33	20	11.11	28	15.56	6	3.33	4	2.22
2003	25	16.89	60	40.54	34	22.97	13	8.78	11	7.43	4	2.70	1	0.68
2002	31	20.26	62	40.52	35	22.88	14	9.15	10	6.55	1	0.65	0	0.0
2001	36	25.00	49	34.04	26	18.05	14	9.72	16	11.11	3	2.08	0	0.0
2000	15	17.24	45	51.72	14	16.09	7	10.08	6	6.90	0	0.0	0	0.0
1999	22	18.49	50	42.02	19	15.97	12	10.08	10	8.40	5	4.20	1	0.84
1998	15	15.46	51	52.58	14	14.44	8	8.25	5	5.15	3	3.09	1	1.03
Category (3)														
2005	46	25.14	60	32.79	30	16.39	21	11.48	23	12.57	2	1.09	1	0.55
2004	19	18.81	31	30.69	21	20.79	12	11.88	15	14.85	3	2.97	0	0.00
2003	13	17.81	26	35.62	18	24.66	6	8.22	7	9.59	1	1.37	2	2.74
2002	12	18.75	23	35.94	14	21.88	8	12.50	6	9.38	1	1.56	0	0.0
2001	24	25.53	37	39.36	15	15.96	11	11.70	5	5.32	2	2.13	0	0.0
2000	7	9.59	42	57.53	11	15.07	8	10.96	3	4.11	2	2.74	0	0.0
1999	16	20.51	35	44.87	16	20.51	3	3.85	7	8.98	0	0.0	1	1.28
1998	9	18.75	25	52.08	6	12.50	6	12.50	2	4.17	0	0.0	0	0.0

VIII. Number of Individuals on Waiting Lists to Receive Opiate Agonist Medication and Treatment

At the end of 2005 and throughout the eight years reporting has been done, none of the 12 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2005, Indiana OTPs were able to adjust staff and facility needs if increased patient demand occurred. Between 2004 and 2005, a 6.22% increase in total patient enrollments was seen, and this increase was accommodated. Establishing OTPs as need and demand arise is seen to benefit clients and public health, lowering rates of opioid addiction, communicable disease and crime associated with illicit opiate use while making the service more accessible to patients who might otherwise have to travel longer distances to obtain their medication.

Before 1999, when a moratorium was legislatively placed on establishing new OTPs in counties in which there was an OTP or OTPs or adjacent to counties in which there was an OTP or OTPs, when a "large enough number" of patients were identified to support a new OTP, a new OTP was established. **Table 23** below shows OTP enrollments in the three Indiana cities in which new OTPs were established in 1998 and 1999, Fort Wayne, Richmond and Gary. Though one of two Fort Wayne OTPs closed in 2000, increases in OTP patient enrollment continued at the remaining Fort Wayne OTP through 2004, showing a small decline in 2005, from 514 to 505. The Richmond OTP continued to show an increase in patient enrollments between 2004 and 2005, from 720 to 762, after a slight decline between 2003 and 2004. The 1999 establishment of the latest treatment program in Gary, Semoran Center, anticipated a continued increase in the number of total OTP enrollments in that city, from 1,021 in 2004 to 1,090 in 2005, and patient OTP enrollments in Gary have more than doubled from the 1998 level of 465.

Table 23
OTP Enrollments in Indiana Cities Where the Most Recent OTPs Were Established, 1998-2005

CY Year	Fort Wayne	Richmond	Gary
1998	175	298	465
1999	221	370	620
2000	282	451	706
2001	294	661	823
2002	380	761	998
2003	475	742	1,006
2004	514	720	1,021
2005	505	762	1,090

IX. Patient Information as Reported to a Central Registry

In 1999, the Indiana General Assembly passed a law requiring the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) to prepare annual reports providing information on treatment by Indiana opioid treatment programs (OTPs). At the same time, DMHA was asked to establish a central registry in which to collect OTP patient information while protecting the anonymity of patients and their health information and developing an increased capacity to assure that OTP patients are not enrolled in more than one OTP simultaneously.

For the 1998 report, DMHA established a unique identifier format from an existing database found suitable for establishing the basis of a central registry, accomplishing three objectives: 1) Preserving patient anonymity; 2) Providing a format compatible with currently existing data collection by the two public OTPs and other DMHA-funded providers; and 3) Allowing DMHA to readily identify if a patient is enrolled in more than one OTP. For the 1998 report, each OTP reported information by hand. For the 1999 report, DMHA began to automate the reporting process, establishing the basis for the central registry, and at that time, eight of the 13 OTPs had data processing programs which allowed them to submit data electronically by diskette directly to DMHA. Data submitted electronically was transferred to the DMHA database, and OTPs were able to maintain electronic copies of their data as well. This electronic reporting process was expanded until nine programs reported electronically in 2003, and as the remaining treatment programs updated their electronic reporting capacity, this electronic reporting process was extended to them, with all 12 presently submitting their data electronically to DMHA at the end of each calendar year.

DMHA continues to develop the central registry which will contain de-identified opioid addiction treatment patient information to use in program reporting and aggregate data analysis, and in 2005, DMHA actively pursued possible options and funding for an up-grade to allow online, "real-time" electronic entry by OTPs to provide more immediate access to enrollment information and to serve as the basis for streamlining the annual reporting procedure. Changes in assignments of non-DMHA staff involved in the project, however, delayed completion of the groundwork necessary to develop a computer program required to put the online registry in place by the end of 2005.